

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 1 OF 3
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) FAIR SHARE ACTION			FEC IDENTIFICATION NUMBER ▼ C C00526673		
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Courtney Abrams			Date of Public Distribution/Dissemination 09 / 30 / 2014		
Mailing Address 100 I St. SE #216			Amount 1828.04		
City Washington, D.C.		State DC	Zip Code 20003		Transaction ID : SE.4991
Purpose of Expenditure Reimbursement for printing		Category/Type 006		Date of Disbursement or Obligation 09 / 30 / 2014	
Name of Federal Candidate Mark E Udall			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: CO		
Calendar Year-To-Date Per Election for Office Sought 1447654.13			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee Emily Fischer			Date of Public Distribution/Dissemination 09 / 30 / 2014		
Mailing Address 429 E. 14th Ave. Apt. J			Amount 2138.37		
City Denver		State CO	Zip Code 80203		Transaction ID : SE.4992
Purpose of Expenditure Reimbursement for printing		Category/Type 006		Date of Disbursement or Obligation 09 / 30 / 2014	
Name of Federal Candidate Mark E Udall			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: CO		
Calendar Year-To-Date Per Election for Office Sought 1449792.50			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			3966.41		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
GRACE M SMALL Signature			[Electronically Filed] Date 10 / 10 / 2014		